

County: Sawyer  
VALLEY HEALTH CARE CENTER  
10775 NYMAN AVENUE

Facility ID: 9100

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HAYWARD 54843 Phone:(715) 634-2202  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 59  
Total Licensed Bed Capacity (12/31/02): 60  
Number of Residents on 12/31/02: 50

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 55

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			38.0
Supp. Home Care-Personal Care	No						More Than 4 Years			42.0
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	6.0				20.0
Day Services	No		Mental Illness (Org./Psy)	20.0	65 - 74	14.0				-----
Respite Care	Yes		Mental Illness (Other)	6.0	75 - 84	40.0				100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	28.0				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.0				Full-Time Equivalent
Congregate Meals	No		Cancer	0.0		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	12.0		100.0				(12/31/02)
Other Meals	Yes		Cardiovascular	8.0	65 & Over	94.0				-----
Transportation	No		Cerebrovascular	14.0		-----				RNs 10.6
Referral Service	No		Diabetes	6.0	Sex	%				LPNs 9.5
Other Services	No		Respiratory	4.0		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	30.0	Male	38.0				Aides, & Orderlies 39.4
Mentally Ill	No			-----	Female	62.0				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	6	100.0	249	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	6	12.0
Skilled Care	0	0.0	0	37	97.4	97	0	0.0	0	6	100.0	124	0	0.0	0	0	0.0	0	0	0.0	43	86.0
Intermediate	---	---	---	1	2.6	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	2.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	6	100.0		38	100.0		0	0.0		6	100.0		0	0.0		0	0.0		0	0.0	50	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally		Total
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent		Number of Residents
Private Home/No Home Health	14.3	Bathing		8.0	38.0		54.0		50
Private Home/With Home Health	0.0	Dressing		18.0	42.0		40.0		50
Other Nursing Homes	8.9	Transferring		24.0	44.0		32.0		50
Acute Care Hospitals	75.0	Toilet Use		26.0	46.0		28.0		50
Psych. Hosp.-MR/DD Facilities	0.0	Eating		58.0	24.0		18.0		50
Rehabilitation Hospitals	0.0	*****							
Other Locations	1.8	Continence			% Special Treatments				%
Total Number of Admissions	56	Indwelling Or External Catheter			2.0		Receiving Respiratory Care		6.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder			60.0		Receiving Tracheostomy Care		0.0
Private Home/No Home Health	17.5	Occ/Freq. Incontinent of Bowel			44.0		Receiving Suctioning		0.0
Private Home/With Home Health	15.9	Mobility					Receiving Ostomy Care		0.0
Other Nursing Homes	4.8	Physically Restrained			2.0		Receiving Tube Feeding		2.0
Acute Care Hospitals	6.3						Receiving Mechanically Altered Diets		28.0
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care					Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Pressure Sores			4.0		Have Advance Directives		80.0
Other Locations	3.2	With Rashes			2.0		Medications		
Deaths	52.4						Receiving Psychoactive Drugs		66.0
Total Number of Discharges (Including Deaths)	63								
*****									
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities									
*****									
		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All
		%	Peer Group		Peer Group		Peer Group		Facilities
			%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		91.7	80.0	1.15	83.5	1.10	83.3	1.10	85.1 1.08
Current Residents from In-County		74.0	73.3	1.01	72.9	1.01	75.8	0.98	76.6 0.97
Admissions from In-County, Still Residing		23.2	19.2	1.21	22.2	1.05	22.0	1.06	20.3 1.14
Admissions/Average Daily Census		101.8	136.0	0.75	110.2	0.92	118.1	0.86	133.4 0.76
Discharges/Average Daily Census		114.5	138.5	0.83	112.5	1.02	120.6	0.95	135.3 0.85
Discharges To Private Residence/Average Daily Census		38.2	59.1	0.65	44.5	0.86	49.9	0.77	56.6 0.68
Residents Receiving Skilled Care		98.0	93.4	1.05	93.5	1.05	93.5	1.05	86.3 1.14
Residents Aged 65 and Older		94.0	95.9	0.98	93.5	1.01	93.8	1.00	87.7 1.07
Title 19 (Medicaid) Funded Residents		76.0	73.2	1.04	67.1	1.13	70.5	1.08	67.5 1.13
Private Pay Funded Residents		12.0	16.8	0.71	21.5	0.56	19.3	0.62	21.0 0.57
Developmentally Disabled Residents		0.0	0.9	0.00	0.7	0.00	0.7	0.00	7.1 0.00
Mentally Ill Residents		26.0	33.7	0.77	39.0	0.67	37.7	0.69	33.3 0.78
General Medical Service Residents		30.0	19.3	1.56	17.6	1.70	18.1	1.66	20.5 1.46
Impaired ADL (Mean)		54.4	46.1	1.18	46.9	1.16	47.5	1.15	49.3 1.10
Psychological Problems		66.0	51.2	1.29	54.6	1.21	52.9	1.25	54.0 1.22
Nursing Care Required (Mean)		5.3	7.2	0.73	6.8	0.78	6.8	0.77	7.2 0.73